Revision:	HCFA-PM-91- 4 AUGUST1991	(BPD)	Supplement 1 Page 1 OMB No.: 0938	to ATTACHMENT 4.	19-B
	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL SI	ECURITY ACT	
	State/Territory:	WISCONSI	N		
	METHODS AND STANI	OARDS FOR EST. OTHER TYPES		MENT RATES -	
;	Payment of Medicar	re Part A and	Part B Deduct	tible/Coinsurance	
4.	cept for a nominal 18 of this State p llowing general me	plan), if app	licable, the N	specified in Attac Medicaid agency us	chment ses the
1.	Payments are limit for the groups and letters "SP".	ited to State nd payments 1	plan rates an isted below an	nd payment methodo nd designated with	ologies n the
	this State plan,	the Medicaid rate or method	agency uses Mod is set out	ot otherwise cover Medicare payment of on Page 3 in iter	rates
2.	Payments are up to groups and payment "MR."	to the full and the listed be	mount of the M low, and desig	Medicare rate for gnated with the le	the etters
3.	Payments are up to special method, of those groups letters "NR".	described on 1	Page 3 in item	rate, or according of this attained with and designated with	achment,
4.	Any exceptions to payment are spectages. 3. above).			for a particular of this attachme	

TN N	o.	91-0028							-
Supe	rsec	les.	Approval	Date	12-9-91	Effective	Date	10/1/91	
TN N	o	TAEM	-			•			

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Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT WISCONSIN State/Territory: METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance QMBs: Part A SP Deductibles SP Coinsurance Part B SP Deductibles SP Coinsurance Part A SP Deductibles SP Coinsurance Other Medicaid Recipients Part B SP Deductibles SP Coinsurance Dual Part A SP Deductibles SP Coinsurance Eligible (QMB Plus) Part B SP Deductibles SP Coinsurance

91-0028

TN No. 91 Supersedes TN No. NEW

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Approval Date 18-9-91 Effective Date 10/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory:WISCONST!! METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Nedicare services not covered in the State Plan are paid at the Medicare rate.	Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	Supplement 1 to ATTACHMENT Page 3 OMB No.: 0938-	4.19-B				
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Medicare services not covered in the State Plan are paid at the		STATE PLAN UNDER	R TITLE XIX OF	THE SOCIAL SECURITY ACT					
OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Medicare services not covered in the State Plan are paid at the		State/Territory:	WISCONSIN						
Medicare services not covered in the State Plan are paid at the		METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -							
		Payment of Medica	are Part A and	Part B Deductible/Coinsurar	<u>ice</u>				
			covered in the	State Plan are paid at the					
TN No. 91-0028 Supersedes Approval Date 12-9-9/ Effective Date 10/1/91 TN No. 1 EW	Supersede	s Approval I	Date <u>12-9-</u>	9/ Effective Date	10/1/91				

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